Department of Veterans Affairs

BARIATRIC SURGERY INFORMATION PACKAGE

This information package, with all required documents, will be mailed by the primary VAMC to a VA Bariatric Surgery Center (refer to www.va.gov/surgery click on Bariatric Surgery for centers and contact information.)

PART I - PATIENT REFERRAL

1. PRIMARY VAMC WHERE PATIENT IS ENROLLED (NAME, CITY, STATE)

2. REFERRING PHYSICIAN

3. PATIENT'S NAME (LAST, FIRST MIDDLE INITIAL)

4. PATIENT'S SOCIAL SECURITY NUMBER

5. PATIENT'S ADDRESS (STREET, CITY, STATE AND ZIP)

6. PATIENT'S TELEPHONE NUMBERS

6a. HOME

6b. WORK

6c. CELL

PART II - SUPPORT PERSON(S)

1. PRIMARY SUPPORT PERSON'S NAME

6. SECONDARY SUPPORT PERSON'S NAME

2. RELATIONSHIP TO PATIENT

7. RELATIONSHIP TO PATIENT

3. ADDRESS (STREET, CITY, STATE, ZIP CODE)

8. ADDRESS (STREET, CITY, STATE, ZIP CODE)

4. TELEPHONE NUMBERS

4a. HOME

4b. WORK

4c. CELL

9. TELEPHONE NUMBERS

9a. HOME

9b. WORK

9c. CELL

5. CAN PRIMARY SUPPORT PERSON (CHECK ALL THAT APPLY):

- ☐ ASSIST WITH MEDICATIONS
- ☐ ASSIST WITH DIET
- ☐ PROVIDE GENERAL PRE & POST OP SUPPORT
- ☐ ACCOMPANY PT. ON APPOINTMENTS

10. CAN SECONDARY SUPPORT PERSON (CHECK ALL THAT APPLY):

- ☐ ASSIST WITH MEDICATIONS
- ☐ ASSIST WITH DIET
- ☐ PROVIDE GENERAL PRE & POST OP SUPPORT
- ☐ ACCOMPANY PT. ON APPOINTMENTS

PART III - ELIGIBILITY

Must be completed and signed by Chief, Health Administration Service (HAS) or equivalent, thereby certifying patient is eligible for care and travel. Copy of patient's eligibility information must be attached. Attach electronically here.

1. CARE ELIGIBLE: ◯ YES ◯ NO

2. TRAVEL ELIGIBLE: ◯ YES ◯ NO

3. HAS SIGNATURE *(not required if completed form is transmitted electronically from Chief of Staff's Office.)*

4. TELEPHONE NUMBER

5. TYPED NAME AND TITLE

6. DATE

BARIATRIC REFERRAL INFORMATION PACKAGE CONTINUED

PATIENT'S NAME (LAST, FIRST MIDDLE INITIAL)	PATIENT'S SOCIAL SECURITY NUMBER

PART IV - APPROVAL CRITERIA

- Body Mass Index (BMI) >40, and failure of an intensively managed weight loss program, and free of all addicting drugs for 1 year and tobacco free for six weeks.
- BMI >35 with severe medical complications of obesity, plus above conditions.

See VHA Handbook 1102.6, Bariatric Surgery for details and other conditions that preclude this surgery.

PART V - PATIENT INFORMATION *VA staff physician must provide all information.*

1. DATE OF BIRTH	2. AGE	3. HEIGHT	4. WEIGHT (KG)	5.IS PATIENT ACCOMPANIED BY A SUPPORT PERSON ◯ YES ◯ NO

6. PRIMARY DIAGNOSIS	7. DATE OF DIAGNOSIS

8. (IF >35 BMI <40, CO-MORBID CONDITIONS CAUSED BY OBESITY THAT WILL BE CURED, OR CAN ONLY BE ALLEVIATED BY BARIATRIC SURGERY.)

9. CURRENT CLINICAL CONDITION (AT TIME OF THIS REFERRAL)

10. HISTORY OF ALCOHOL USE ◯ YES ◯ NO	10a. DATE OF LAST ALCOHOL USE	10b. DATES OF ABSTINENCE
11. HISTORY OF SUBSTANCE ABUSE ◯ YES ◯ NO	11a. DATE OF LAST SUBSTANCE USE	11b. DATES OF ABSTINENCE
12. HISTORY OF TOBACCO USE ◯ YES ◯ NO	12a. DATE OF LAST TOBACCO USE	12b. DATES OF ABSTINENCE

13. PARTICIPANT IN MOVE PROGRAM *Managing Overweight/Obesity for Veterans Everywhere* ◯ YES ◯ NO	13a. OUTCOME
13b. LENGTH OF PARTICIPATION - MONTHS	13c. OUTCOME
14. PARTICIPANT IN OTHER FORMAL WEIGHT LOSS PROGRAM ◯ YES ◯ NO	14a. OUTCOME
14b. LENGTH OF PARTICIPATION - MONTHS	14c. OUTCOME

PART VI - RANDOM DRUG/TOXICOLOGY SCREENS FOR ILLEGAL DRUGS, ALCOHOL AND TOBACCO USE

Enter date of test with positive result(s) and check all that were positive.

1. DATE	2. DATE	3. DATE	4. DATE
☐ NICOTINE/COTININE	☐ NICOTINE/COTININE	☐ NICOTINE/COTININE	☐ NICOTINE/COTININE
☐ SERUM ALCOHOL LVL	☐ SERUM ALCOHOL LVL	☐ SERUM ALCOHOL LVL	☐ SERUM ALCOHOL LVL
☐ URINE TOXICOLOGY	☐ URINE TOXICOLOGY	☐ URINE TOXICOLOGY	☐ URINE TOXICOLOGY
☐ AMPHETAMINES	☐ AMPHETAMINES	☐ AMPHETAMINES	☐ AMPHETAMINES
☐ BARBITURATES	☐ BARBITURATES	☐ BARBITURATES	☐ BARBITURATES
☐ BENZOIDS	☐ BENZOIDS	☐ BENZOIDS	☐ BENZOIDS
☐ CANNABINOIDS	☐ CANNABINOIDS	☐ CANNABINOIDS	☐ CANNABINOIDS
☐ COCAINE	☐ COCAINE	☐ COCAINE	☐ COCAINE
☐ METHADONE	☐ METHADONE	☐ METHADONE	☐ METHADONE
☐ OPIATES	☐ OPIATES	☐ OPIATES	☐ OPIATES
☐ PROPOXYPHENE	☐ PROPOXYPHENE	☐ PROPOXYPHENE	☐ PROPOXYPHENE

BARIATRIC REFERRAL INFORMATION PACKAGE CONTINUED

PATIENT'S NAME (LAST, FIRST MIDDLE INITIAL)	PATIENT'S SOCIAL SECURITY NUMBER

PART VII - OTHER REQUIRED DOCUMENTATION

Referrals will not be processed without this information and documented evidence of required test, procedures, and evaluations as listed below. Non-invasive test results/clinical lab tests, social work and psych evaluations must be no older than 3 months.

1. PHYSICIAN SUMMARY LETTER *Attach electronic documents here*	Brief summary of patient's primary diagnosis, past medical history, past surgical history, treatment and responses to treatment, co-morbid conditions, current clinical conditions (at time of this referral), evidence that patient has been smoke free for six weeks and alcohol/drug free for a minimum period of 1 year. If patient is currently enrolled in a formal rehabilitation treatment program, documentation (random screens) of abstinence and successful completion of rehabilitation program. Documentation of participation in formal weight loss programs and reason(s) for unsuccessful compliance. Primary care providers plan for post surgical long-term follow-up.
2. LAB RESULTS	Copies of all lab reports indicating results of random screenings resulting in patient being tobacco free for at least six weeks and 1 year of drug free activity for patients with history of drug and alcohol abuse.
3. CLINICAL SOCIAL WORK HISTORY	History should include 1) evidence of a commitment to treatment by patient and ability to comply with medication regimen, follow-up appointments, etc.; 2) expected outcomes by patient and family; 3) support system and capability of support person(s) to assist patient with daily activities and compliance to rehabilitation; 4) stability of residence; 5) knowledge of any immediate family within the household with a history of, or currently using tobacco, alcohol, and/or illegal drugs; 6) any factors that impede compliance with medical regimen or informed consent; 7) military history
4. PSYCHIATRIC AND/OR PSYCHOLOGICAL EVALUATION	Psychiatric history or psychological evaluation (if indicated by referring physician or clinical social worker to include: 1) treatment and response. 2) history of PTSD or depression. 3) evaluation of past history of alcohol and/or substance abuse and reasonable expectation of continued refrain from these activities. *A standard psychological evaluation as outlined in the document entitled, "standards for preoperative bariatric surgery psychological assessment" can be found at* http://vaww.nchpdp.med.va.gov/bariatricsurgery/ncprecsfor preoppsycheval.doc.

Note: After review of referral packet as outlined above, additional information/test results may be requested by the VA Bariatric Surgery Center personnel.

5. VA STAFF PHYSICIAN SIGNATURE *(not required if completed form is transmitted electronically from Chief of Staff's Office.)*	7. VA CHIEF OF STAFF SIGNATURE *(not required if completed form is transmitted electronically from Chief of Staff's Office.)*
6. VA STAFF PHYSICIAN TYPED NAME	8. VA CHIEF OF STAFF TYPED NAME

PART VIII - TO BE COMPLETED BY VA BARIATRIC SURGERY CENTER

1. FINAL DECISION:

◯ APPROVE BARIATRIC CENTER ASSIGNED TO:

◯ DEFER ◯ DISAPPROVE ◯ CANCEL

2. COMMENTS

3. VA BARIATRIC PROGRAM OFFICIAL TYPED NAME	4. VA BARIATRIC PROGRAM OFFICIAL SIGNATURE